

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

10/165/2

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST
AMENDMENT

AFTER 2ND
AMENDMENT

	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		3		2		
4	1					
5		1				
6		2		2		
7	11		2			
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TOTAL IND.	2		2			
TOTAL DEP.	1	←	8	←		→
TOTAL CLAIMS	9		10			

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TOTAL IND.		→		→		→
TOTAL DEP.						
TOTAL CLAIMS						